



# APPLICATION FOR IMMIGRANT VISA AND ALIEN REGISTRATION

## PART I - BIOGRAPHIC DATA

**INSTRUCTIONS:** Complete one copy of this form for yourself and each member of your family, regardless of age, who will immigrate with you. Please print or type your answer to all questions. Questions that are **Not Applicable** should be so marked. If there is insufficient room on the form, answer on a separate sheet using the same numbers as appear on the form. Attach the sheet to this form.

**WARNING:** Any false statement or concealment of a material fact may result in your permanent expulsion from the United States.

This form (OF-230 PART I) is Part I of two parts which, together with Optional Form OF-230 PART II, constitute the complete Application for Immigrant Visa and Alien Registration.

1. FAMILY NAME		FIRST NAME	MIDDLE NAME																												
2. OTHER NAMES USED OR BY WHICH KNOWN <i>(If married woman, give maiden name)</i>																															
3. FULL NAME IN NATIVE ALPHABET <i>(If Roman letters not used)</i>																															
4. DATE OF BIRTH <i>(mm-dd-yyyy)</i>	5. AGE	6. PLACE OF BIRTH <i>(City or town) (Province) (Country)</i>																													
7. NATIONALITY <i>(if dual national, give both)</i>	8. GENDER  <input type="checkbox"/> MALE  <input type="checkbox"/> FEMALE	9. MARITAL STATUS  <input type="checkbox"/> Single <i>(Never married)</i> <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated  Including my present marriage, I have been married _____ times.																													
10. MARKS OF IDENTIFICATION		11. PRESENT ADDRESS <i>(City or Town) (Province) (Country)</i>  <div style="display: flex; justify-content: space-between;"><span>Telephone number: Home</span><span>Office</span></div>																													
12. NAME OF SPOUSE <i>(Maiden or family name) (First name) (Middle name)</i>  Date and place of birth of spouse:  Address of spouse <i>(If different from your own)</i> :   Spouse's occupation:																															
13. LIST NAME, DATE AND PLACE OF BIRTH, AND ADDRESSES OF ALL CHILDREN <table style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 30%;">NAME</th><th style="width: 15%;">DATE <i>(mm-dd-yyyy)</i></th><th style="width: 20%;">PLACE OF BIRTH</th><th style="width: 35%;">ADDRESS <i>(If different from your own)</i></th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>				NAME	DATE <i>(mm-dd-yyyy)</i>	PLACE OF BIRTH	ADDRESS <i>(If different from your own)</i>																								
NAME	DATE <i>(mm-dd-yyyy)</i>	PLACE OF BIRTH	ADDRESS <i>(If different from your own)</i>																												
14A. PERSON(S) NAMED IN 12 AND 13 WHO WILL ACCOMPANY ME TO THE UNITED STATES NOW.																															
14B. PERSON(S) NAMED IN 12 AND 13 WHO WILL FOLLOW ME TO THE UNITED STATES AT A LATER DATE.																															

15. NAME OF FATHER, DATE AND PLACE OF BIRTH, AND ADDRESS *(If deceased, so state and give year of death)*

16. MAIDEN NAME OF MOTHER, DATE AND PLACE OF BIRTH, AND ADDRESS *(If deceased, so state and give year of death)*

17. LIST BELOW ALL EMPLOYMENT FOR THE LAST TEN YEARS

EMPLOYER	LOCATION	JOB TITLE	FROM/TO <i>(mm-dd-yyyy)</i>

In what occupation do you intend to work in the United States? \_\_\_\_\_

18. LIST BELOW ALL EDUCATIONAL INSTITUTIONS ATTENDED  
SCHOOL AND LOCATION

	FROM/TO <i>(mm-dd-yyyy)</i>	COURSE OF STUDY	DEGREE OR DIPLOMA

Languages spoken or read: \_\_\_\_\_

Professional associations of which you are a member: \_\_\_\_\_

19. MILITARY SERVICE: ☐ Yes ☐ No

Branch: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Rank/Position: \_\_\_\_\_ Military Speciality/Occupation: \_\_\_\_\_

20. LIST BELOW ALL PLACES YOU HAVE LIVED FOR AT LEAST SIX MONTHS SINCE REACHING THE AGE OF 16. BEGIN WITH YOUR PRESENT RESIDENCE.

CITY OR TOWN	PROVINCE	COUNTRY	FROM/TO <i>(mm-dd-yyyy)</i>

21. LIST DATES OF ALL PREVIOUS VISITS TO OR RESIDENCE IN THE UNITED STATES. *(If never, so state)* GIVE TYPE OF VISA STATUS, IF KNOWN. GIVE "A" NUMBER, IF ANY.

FROM/TO <i>(mm-dd-yyyy)</i>	LOCATION	VISA	TYPE OR "A" NO. <i>(If known)</i>

SIGNATURE OF APPLICANT

DATE *(mm-dd-yyyy)*

**NOTE: Return this completed form immediately to the consular office address on the covering letter. This form will become part of your immigrant visa and your visa application cannot be processed until this form is complete.**



# APPLICATION FOR IMMIGRANT VISA AND ALIEN REGISTRATION

## PART II - SWORN STATEMENT

**INSTRUCTIONS:** Complete one copy of this form for yourself and each member of your family, regardless of age, who will immigrate with you. Please print or type your answer to all questions. Questions that are **Not Applicable** should be so marked. If there is insufficient room on the form, answer on a separate sheet using the same numbers as appear on the form. Attach the sheet to this form. **DO NOT SIGN** this form until instructed to do so by the consular officer. The fee for filing this application is listed under tariff item No. 20. The fee should be paid in United States dollars or local currency equivalent, or by bank draft, when you appear before the consular officer.

**WARNING:** Any false statement or concealment of a material fact may result in your permanent expulsion from the United States. Even though you should be admitted to the United States, a fraudulent entry could be grounds for your prosecution and/or deportation.

This form (OF-230 PART II) is a continuation of Form OF-230 PART I, which together, constitute the complete Application for Immigrant Visa and Alien Registration.

22. FAMILY NAME	FIRST NAME	MIDDLE NAME

23. OTHER NAMES USED OR BY WHICH KNOWN (If married woman, give maiden name)

24. FULL NAME IN NATIVE ALPHABET (If Roman letters not used)

25. PERMANENT ADDRESS IN THE UNITED STATES (Street address including zip code)	26. PERSON YOU INTEND TO JOIN AT YOUR PERMANENT ADDRESS IN THE UNITED STATES (Name, address, and relationship)
Telephone number:	Telephone number:

27. NAME AND ADDRESS OF SPONSORING PERSON OR EMPLOYER
Telephone number:

28. United States laws governing the issuance of visas require each applicant to state whether or not he or she is a member of any class of individuals excluded from admission into the United States. The excludable classes are described below in general terms. You should read carefully the following list and answer YES or NO to each category. The answers you give will assist the consular officer to reach a decision on your eligibility to receive a visa.	
EXCEPT AS OTHERWISE PROVIDED BY LAW, ALIENS WITHIN THE FOLLOWING CLASSIFICATIONS ARE INELIGIBLE TO RECEIVE A VISA. DO ANY OF THE FOLLOWING CLASSES APPLY TO YOU?	
a. An alien who has a communicable disease of public health significance; who has failed to present documentation of having received vaccinations in accordance with U.S. law; who has or has had a physical or mental disorder that poses or is likely to pose a threat to the safety or welfare of the alien or others; or who is a drug abuser or addict. [212(a)(1)]	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. An alien convicted of, or who admits having committed a crime involving moral turpitude or violation of any law relating to a controlled substance; who has been convicted of 2 or more offenses for which the aggregate sentences were 5 years or more; who is coming to the United States to engage in prostitution or commercialized vice or who has engaged in prostitution or procuring within the past 10 years; who is or has been an illicit trafficker in any controlled substance; or who has committed a serious criminal offense in the United States and who has asserted immunity from prosecution. [212(a)(2)]	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. An alien who seeks to enter the United States to engage in espionage, sabotage, export control violations, terrorist activities, overthrow of the Government of the United States or other unlawful activity; who is a member of or affiliated with the Communist or other totalitarian party; who participated in Nazi persecutions or genocide; or who has engaged in genocide. Are you a member or representative of a terrorist organization as currently designated by the U.S. Secretary of State? [212(a)(3)]	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. An alien who is likely to become a public charge [212(a)(4)]	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. An alien who seeks to enter for the purpose of performing skilled or unskilled labor who has not been certified by the Secretary of Labor; who is a graduate of a foreign medical school seeking to perform medical services who has not passed the NBME exam or its equivalent; or a health care worker seeking to perform such work without a certificate from the CGFNS or from an equivalent approved independent credentialing organization. [212(a)(5)]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
f. An alien who failed to attend a hearing on deportation or inadmissibility within the last 5 years; who seeks or has sought a visa, entry into the United States, or any immigration benefit by fraud or misrepresentation; who knowingly assisted any other alien to enter or try to enter the United States in violation of law; who, after November 30, 1996, attended on student (F) visa status a U.S. public elementary school or who attended a U.S. public secondary school without reimbursing the school; or who is subject to a civil penalty under INA 274C. [212(a)(6)]	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. An alien who is permanently ineligible to U.S. citizenship; or who departed the United States to evade military service in time of war. [212(a)(8)]	<input type="checkbox"/> Yes <input type="checkbox"/> No

- h. An alien previously ordered removed within 5 years or ordered removed a second time within 20 years; who was previously unlawfully present and ordered removed within 10 years or ordered removed a second time within 20 years; who was convicted of an aggravated felony and ordered removed; who was previously unlawfully present in the United States for more than 180 days but less than one year who voluntarily departed within the last 3 years; or who was unlawfully present for more than one year or an aggregate of one year within the last 10 years. [212(a)(9)] ☐ Yes ☐ No
- i. An alien who is coming to the United States to practice polygamy; who withholds custody of a U.S. citizen child outside the United States from a person granted legal custody by a U.S. court; who has voted in the United States in violation of any law or regulation; or who renounced U.S. citizenship to avoid taxation. [212(a)(10)] ☐ Yes ☐ No
- j. An alien who is a former exchange visitor who has not fulfilled the 2-year foreign residence requirement. [212(e)] ☐ Yes ☐ No
- k. An alien physically present in the United States within 90 days who was not maintaining lawful nonimmigrant status at the time of departure. [212(o)] ☐ Yes ☐ No
- l. An alien determined by the Attorney General to have knowingly made a frivolous application for asylum. [208(d)(6)] ☐ Yes ☐ No

29. HAVE YOU EVER BEEN CHARGED, ARRESTED OR CONVICTED OF ANY OFFENSE OR CRIME?  
(If answer is Yes, please explain) ☐ Yes ☐ No

30. HAVE YOU EVER BEEN REFUSED ADMISSION TO THE UNITED STATES AT A PORT-OF-ENTRY?  
(If answer is Yes, please explain) ☐ Yes ☐ No

31. HAVE YOU EVER APPLIED FOR A SOCIAL SECURITY NUMBER?

☐ Yes. Give Number: \_\_\_\_\_ ☐ No

Do you want a Social Security Card issued to you? ☐ Yes ☐ No

32. WERE YOU ASSISTED IN COMPLETING THIS APPLICATION? ☐ Yes ☐ No

(If answer is Yes, give name and address of person assisting you, indicating whether relative, friend, travel agent, attorney, or other)

33. THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS APPLICATION:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Passport             | <input type="checkbox"/> Military record  | <input type="checkbox"/> Evidence of own assets |
| <input type="checkbox"/> Birth Certificate    | <input type="checkbox"/> Police Certificate   | <input type="checkbox"/> Affidavit of support   |
| <input type="checkbox"/> Marriage Certificate | <input type="checkbox"/> Medical records  | <input type="checkbox"/> Offer of employment    |
| <input type="checkbox"/> Death Certificate    | <input type="checkbox"/> Photographs  | <input type="checkbox"/> Educational records    |
| <input type="checkbox"/> Divorce decree       | <input type="checkbox"/> Birth Certificates of all children who will not be immigrating at this time. (List those for whom birth certificates are not available.) | <input type="checkbox"/> Other (describe)       |

**DO NOT WRITE BELOW THE FOLLOWING LINE**  
**The consular officer will assist you in answering items 34 and 35.**

34. I claim to be exempt from ineligibility to receive a visa and exclusion under item \_\_\_\_\_ in Part 28 for the following reasons:  
212(a)(5) Beneficiary of a Waiver under:

- |   |  |                                    |                                 |
|---|--|------------------------------------|---------------------------------|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> 212(a)(3)(D)(ii)  | <input type="checkbox"/> 212(e)    | <input type="checkbox"/> 212(h) |
| <input type="checkbox"/> Not Required   | <input type="checkbox"/> 212(a)(3)(D)(iii) | <input type="checkbox"/> 212(g)(1) | <input type="checkbox"/> 212(i) |
| <input type="checkbox"/> Attached       | <input type="checkbox"/> 212(a)(3)(D)(iv)  | <input type="checkbox"/> 212(g)(2) |                                 |

35. I claim to be:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> A Family-Sponsored Immigrant  | <input type="checkbox"/> I derive foreign state chargeability under Sec. 202(b) through my _____ | <input type="checkbox"/> Preference: _____                              |
| <input type="checkbox"/> An Employment Based-Immigrant   |  | <input type="checkbox"/> Numerical limitation: _____<br>(foreign state) |
| <input type="checkbox"/> A Diversity Immigrant   |  |   |
| <input type="checkbox"/> A Special Category (Specify) _____<br>(Returning resident, Hong Kong, Tibetan, Private Legislation, etc.) |  |   |

I understand that I am required to surrender my visa to the United States Immigration Officer at the place where I apply to enter the United States, and that the possession of a visa does not entitle me to enter the United States if at that time I am found to be inadmissible under the immigration laws.

I understand that any willfully false or misleading statement or willful concealment of a material fact made by me herein may subject me to permanent exclusion from the United States and, if I am admitted to the United States, may subject me to criminal prosecution and/or deportation.

I, the undersigned applicant for a United States immigrant visa, do solemnly swear (or affirm) that all statements which appear in this application, consisting of Optional Forms 230 PART I and 230 PART II combined, have been made by me, including the answers to items 1 through 35 inclusive, and that they are true and complete to the best of my knowledge and belief. I do further swear (or affirm) that, if admitted into the United States, I will not engage in activities which would be prejudicial to the public interest, or endanger the welfare, safety, or security of the United States; in activities which would be prohibited by the laws of the United States relating to espionage, sabotage, public disorder, or in other activities subversive to the national security; in any activity a purpose of which is the opposition to or the control, or overthrow of, the Government of the United States, by force, violence, or other unconstitutional means.

I understand that completion of this form by persons required by law to register with the Selective Service System (males 18 through 25 years of age) constitutes such registration in accordance with the Military Selective Service Act.

I understand all the foregoing statements, having asked for and obtained an explanation on every point which was not clear to me.

The relationship claimed in items 12 and 13 verified by documentation submitted to consular officer except as noted:

\_\_\_\_\_  
(Signature of Applicant)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ at: \_\_\_\_\_

TARIFF ITEM NO. 20.

\_\_\_\_\_  
(Consular Officer)